

itself; and there are many and serious problems in surgery still unsolved. In this respect the attitude of surgeons has changed materially since the middle of the last century, when it was customary with prominent surgeons (like Alexander), to deplore the fact that there were no new fields to conquer, that the science and art of surgery had become a finished entity; but the sphere and scope of surgery have been so immensely enlarged in recent years that instead of this attitude, we, of the present day, feel that the surgical millennium is still far off.

The cancer problem is one of the greatest questions of our time. Much careful and painstaking work has been done and many earnest workers are engaged at the present time in endeavouring to discover the cause of cancer (or rather we should say, malignant disease, and include sarcoma), but although much good has been accomplished and much knowledge has been acquired which enables us to understand the disease better, the great secret of its origin remains hidden; and the net outcome of our knowledge has been the development of operative methods, the recognition of our limitations, and especially of the necessity for early diagnosis. Whether it be cancer of the tongue, the stomach, the breast, or any other organ, the universal rule has become recognized that early and wide and complete removal of the disease, while it is still local, is curative; that extension takes place early and insidiously by infiltration and lymphatic involvement, which must always be anticipated. Metastases through the blood-current are more of pathological interest than of practical importance to the surgeon. The really important fact which we must recognize is that we have not advanced in the treatment of cancer beyond the stage at which removal by operation is the sole remedy; and while we recognize the difficulties which must be encountered, and which necessarily vary with the organ or region involved, in effecting complete and thorough extirpation, we must also recognize the futility, or worse than futility, of any operation which falls short of complete removal.

I am aware that to this statement there may be exceptions as in cases of late recurrence, five, ten or fifteen years after operation, a condition which is not so rare as to be phenomenal; and indeed, in discussing the treatment of cancer of the prostate, I shall be obliged to consider partial operations but only as palliative and not as curative treatment. We may doubtless dare to hope that with fuller knowledge of the origin and growth of cancer, it may become possible to treat it successfully without operation or even to prevent it altogether, but that happy condition has not yet been attained. The history of tuberculosis affords ground for the belief, however, that this may be no idle dream.